CDL TRAINING PROGRAM APPLICATION

Completed applications must be submitted no later than October 15, 2013 at 4:30 p.m. Return completed applications Monday – Friday 8:00 a.m. – 4:30 p.m. to:

Akron Urban League 440 Vernon Odom Blvd Akron OH 44307

OR

City of Akron Personnel Dept. 146 S. High Street, Suite 130 Akron, Ohio 44308

For assistance, contact City of Akro	n Customer	Service at	3-1-1 or 33	0-375-2311.	
Last	First		Middle		
Name:	Name:	Initial:			
Number Street Current Address:	Apt. #	City	State	Zip Code	
Contact Information:					
Primary Phone #:	Alt	ernate Pho	ne #:		-
E-mail Address:					
Do you possess a valid Ohio Driver's L	icense?	Yes	☐ No		
Is your driver's license currently suspen	nded?	Yes	☐ No		
Do you currently have six or more poin	ts on your driv	ver's license	e? 🗌 \	Yes 🗌	No
PLEASE NOTE: United States Depa the use of drugs and alcohol by mot Commercial Driver's Licenses (CDL Federal CDL drug and alcohol testin testing prior to and during employm	or vehicle dr s). Because g requireme	ivers and e these posi	employées tions are si	holding ubject to the	se
Candidates currently on probation of all sentences.	or parole are	not eligible	e for hire ur	ntil the comp	letion
AG	REEME	NT			
I hereby certify that I am a current Cit	y of Akron res	sident.			
Signature		Date			
Printed Name					